## 2003 FOR PROFIT CORPORATION

## **UNIFORM BUSINESS REPORT (UBR)** P02000103916 DOCUMENT #

1. Entity Name

Principal Place of Business

ROYAL PALM BEACH FL 33411

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Forest Club Drive

824 CROTON DRIVE

MASTERS CUSTOM PAINTING OF PALM BEACH, INC.

6. Name and Address of Current Registered Agent



FILED Apr 22, 2003 8:00 am Secretary of State

04-22-2003 90074 048 \*\*\*158.75

10082551

CHECK HERE IF MAKING CHANGES	
FE! Number	Applied For
54-2078776	Not Applicable
Certificate of Status Desired # \$8.7	75 Additional Required
Name and Address of New Registered Agent	
RA K. BECZE	
Box Number is Not Acceptable) ST Cub DRIVE	

BEACH, SANDRA K 824 CROTON DRIVE ROYAL PALM BEACH FL 33411 SAME AGENT JUST NAMIE Change

Nellington. Fi

Mailing Address

3. Mailing Address

Suite, Apt. #, etc. #307 City & State

824 CROTON DRIVE

ROYAL PALM BEACH FL 33411

Forest Club

SAND

4

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating)

Country UŚA

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11, X Change ☐ Addition Delete TIT! F (Formerly Beach) BEACH, SANDRA K NAME NAME SANDRA K. BECZE **824 CROTON DRIVE** STREET ADDRESS 711 Forest Club Drive #307 STREET-ADDRESS ROYAL PALM BEACH FL 33411 CITY-ST-ZIP CITY-ST-ZIP Wellington, Florida 33414 TITLE ☐ Delete ANTAL BECZE 111 Forest Club Drive #307 Address ONLY NAME BECZE, ANTAL NAME STREET ADDRESS STREET ADDRESS **824 CROTON DRIVE** CITY-ST-ZIP Nellington , Fl 33414 CITY-ST-ZIP **ROYAL PALM BEACH FL 33411** TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachme

SIGNATURE: